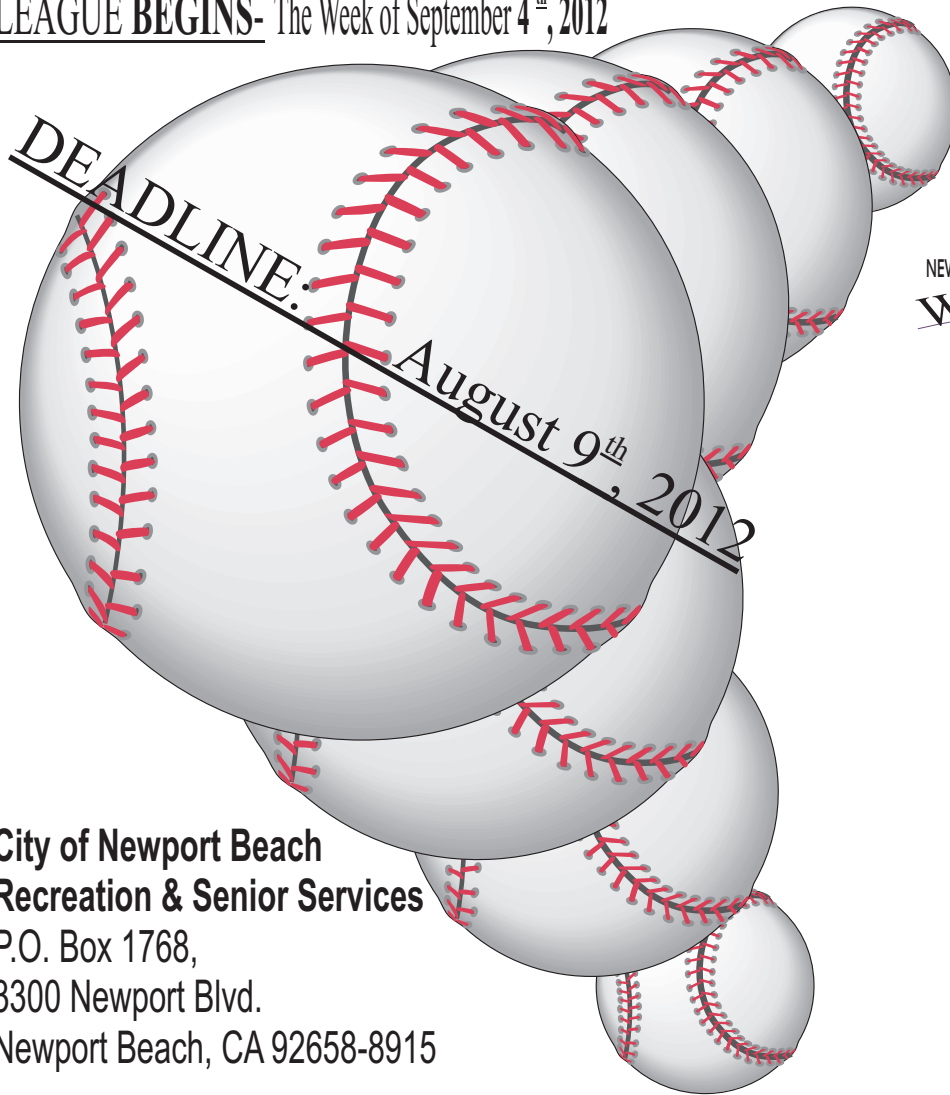


2012 FALL SOFTBALL

Newport Beach Adult Leagues

LEAGUE BEGINS- The Week of September 4th, 2012



NEWPORT BEACH SOFTBALL HOTLINE

SCORES, STANDINGS



City of Newport Beach
Recreation & Senior Services
P.O. Box 1768,
3300 Newport Blvd.
Newport Beach, CA 92658-8915



If any portion of your name or address is incorrect, you received duplicate roster applications or would like to be removed from our mailing list please call (949) 644-3160 or (949) 644-3151



CITY OF NEWPORT BEACH RECREATION & SENIOR SERVICES DEPARTMENT

2012 FALL ADULT SOFTBALL

The City of Newport Beach Recreation & Senior Services Department invites your softball team to participate in the 2012 Fall Softball Program. Please read the enclosed information, and if you have any further questions, please call (949) 644-3160 or 644-3151, Fax 644-3155.

Web site for all League Schedules, Scores, and Standings: www.sportsstandings.com/newportbeach

LEAGUE FEES

\$690.00 Per Team Regular Fee (Non-Resident Rate)

\$640.00 Per Team - City of Newport Beach Resident Fee

Late Fee: \$25.00 (after registration deadline)

Form of payment **MUST** have a resident of Newport Beach address.

No exceptions! Non-residents will be charged the additional \$50 fee on credit card charges and non-resident check customers will be billed the additional fee.

*****YOU MUST PROVIDE YOUR FULL ADDRESS ON THE ROSTER*****

**** PROVIDE YOUR E-MAIL ADDRESS ON THE APPLICATION ****

YOU WILL RECEIVE FUTURE INFORMATION BY E-MAIL!!!

PLAYER COVERAGE OPTIONS

Add \$50.00 per team - Seasonal Players Medical Benefit Fund (P.M.B.F.) - The purpose of the fund is to render financial assistance to the injured player. Up to \$500.00 per player per year may be reimbursed for accidental injuries. Only an additional \$45 per team per season.

Add \$120.00 per team – Annual SCMAF Excess Medical Insurance - This option provides the following coverage to all properly registered players on the team: Accident Medical - \$25,000; Accidental Dismemberment - \$5,000; Accidental Death - \$5,000. Recommended for all teams. Only an additional \$110 per team per calendar year.

Fees may be paid with a check payable to “**City of Newport Beach**” or credit card (Visa, MasterCard or American Express.)

Fees cover the cost of umpires, facilities, field set-up, lights, softballs, league administration, sports standings web site scheduling, awards and SCMAF team registration.

REGISTRATION

Registration is accepted on a team basis only. Each team will be placed in a league, which will run for 10 to 14 weeks.

1. Submit a completed City of Newport Beach Sport League Application/Roster Form and registration fee. *Incomplete rosters will not be accepted.* Mail-in to the Recreation & Senior Services Department, 3300 Newport Blvd. Newport Beach, CA 92663; or Walk-in to the Recreation & Senior Services Office, Monday through Friday, 8:00 p.m. to 5:00 p.m.

2. Teams will not be accepted without:

- a. Completion of roster.
 - b. Total payment of registration fee (Check or Credit Card info)
3. **ALL PLAYERS MUST SIGN AND INITIAL THE ROSTER BEFORE IT IS SUBMITTED.**
If players are not available, then the team roster will be available to sign at the first game. Players who do not sign by the first game will not be eligible unless they are officially added on an add/drop form.
4. Teams that do not qualify for leagues will be notified by phone. *Submission of roster and money does not guarantee entry into the league.*

LEAGUES

DAY	DIVISIONS-TENTATIVE
Monday.....	Men's "C-1" or "C-2"
Tuesday.....	Men's "C-1" or "C-2" Coed "C"
Wednesday.....	Men's "C-1" or "C-2" Coed "C-1" or "C-2"
Thursday.....	Coed "C-1" "C-2" "C-3" COED ONLY ON THURSDAYS

FUTURE 2012 SOFTBALL SEASONS

SEASONS	DEADLINES	SEASONS BEGIN	SEASONS END
SPRING 2013	January 10, 2013	February 4, 2013	April 12, 2013

SITES

Bonita Creek Park, CYC (Grant Howald Park), Arroyo Park, and Lincoln Athletic Center.

ROTATED GAME TIMES

For evening leagues: 6:15, 7:30 and 8:45 p.m. (times are subject to change due to field use—some leagues may begin play at 6:30 or later.

Web site for all League Schedules, Scores, and Standings:

www.sportsstandings.com/newportbeach

Mud Line (949) 644-3211 – Code 1758

TEAM CLASSIFICATION

The following is a guideline that team managers should use to determine which division they should enter. The League Director will make final classification of teams:

“C-2” or *Lower* -Teams which have players who have never played in a league, teams just starting their first season together. Also, teams that have played before in a “C” league and have never won a championship.

“C-1”- Teams which have won a “C” division championship, or have been strong in a “C” league. Players have played in a league before and team has been together for more than one season.

Stockbrokers – 8 man/2 women modified coed format, ***ALL STOCKBROKERS*** games start at 4:45pm. *Stockbrokers league is only offered in the Summer League season.*

FORMAT

All Leagues will play with each batter coming to the plate with the count of 0 balls and 1 strike.

Men’s Leagues will play nine (9) innings. Coed/Stockbrokers Leagues will play seven (7) innings.

Pitchers will only receive one warm-up pitch between innings. The time limit in all games is one (1) hour and ten (10) minutes.

RULES

All Managers will receive the 2012 City Softball Rules supplement and 2012 SCMAF Rule Book.

AWARDS

Each League Champion will receive individual awards and one team award. Champions will be decided by overall record, unless otherwise stated on a league schedule.

PLAYER CONDUCT

If a player is ejected from a game for any unsportsmanlike action, he/she will automatically be suspended from playing in his/her team’s next game. Should the infraction be of an extreme nature, the suspension may be extended to more than one game at the discretion of the League Director.

ROSTER

1. Each team will be allowed a maximum of 16 players. Teams may be granted more than 16 players on the roster as long as no more than 16 attend any one game.
2. A player is eligible to play for only one team in an individual league.
3. All players must be 18 years or older.

2012 CITY SOFTBALL RULES

All managers will receive a detailed City Softball rules sheet along with their league schedules at least 10 days before the first game. Also included in the packet will be add/drop forms for roster changes and maps to all fields.

SPECIAL NOTE:

The Recreation office is not responsible for faxed registrations that are NOT received.

TIME TABLE

Team Registration Begins.....	July 9, 2012
Registration Deadline.....	August 9, 2012
League Begins.....	September 4, 2012
Leagues End.....	By December 6, 2012

Web site for all League Schedules, Scores, and Standings:
www.sportsstandings.com/newportbeach.

Mud Line (949) 644-3211 – Code 1758

NOTE:

**If *any portion* of your name or address is incorrect, you are receiving duplicate application rosters or you would like to be removed from this mailing list please call
(949) 644-3160 or (949) 644-3151.**

2012

CITY OF NEWPORT BEACH
Recreation & Senior Services
 3300 Newport Blvd, Newport Beach, CA 92663
 (949) 644-3151 Fax (949) 644-3155

Men's _____
 Women's _____
 COED _____
 P.M.B.F. _____

SPORTS APPLICATION ♦ ROSTER ♦ RELEASE OF LIABILITY AGREEMENT

BASKETBALL _____ SOFTBALL _____ WINTER _____ SPRING _____ SUMMER _____ FALL _____

TEAM NAME _____

MANAGER NAME _____ E-MAIL: _____ PHONE _____

MANAGER ADDRESS _____ CITY _____ ZIP _____

SPONSOR NAME _____ ADDRESS _____
 SUITE _____ CITY _____ ZIP _____ MAIL INFO TO _____ Sponsor _____ Manager _____

READ THIS FROM BEFORE SIGNING-IF YOU SIGN THIS FORM YOU ARE GIVING UP LEGAL RIGHTS

I am aware that my participation in this sports activity may result in personal injury or other damages to others or myself. I am voluntarily participating in this sports activity with the knowledge of the danger involved and hereby agree to accept full responsibility for any and all risk of injury. In consideration of your accepting this registration, I hereby agree to fully release, indemnify and hold harmless the City of Newport Beach, the Newport-Mesa Unified School District and their officers, agents or employees from any and all liability, damage(s) claim(s) or cause(s) of action for any injury or damages resulting from or in any way arising out of my participation in the above-referenced sports program even if the injury was caused in part by the negligence of the City or School District of their employees, or by the dangerous condition of any property where the sports activities are conducted. I have carefully read this form and fully understand its contents.

My signature below indicates my acceptance and understanding of this Release of Liability.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____

NAME (please print)	ADDRESS	CITY	PHONE-BUS.	PHONE-RES.	SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12*					
13					
14					
15					

NOTE: Do NOT Sign For Your Players.

Please print their names and address. Missing Signatures will be collected at first game. Roster changes must be made on the add and drop form.

As manager of the _____ Team, I verify that all players have read the release of liability form, legally initialed and signed the form and that each signature is in fact the signature of the player. Only those individuals whose names and signature appear on this form will be permitted to participate. I represent that I am signing as an individual and as an agent of the sponsor.

Manager Signature: _____ **Date:** _____

2012

SPORTS LEAGUE APPLICATION (cont)

TEAM NAME: _____ JERSEY COLOR: _____

TEAM MANAGER: _____ E-MAIL: _____

PHONE: _____

*** INFORMATION MUST BE COMPLETED** PLEASE PRINT CLEARLY***

DIVISION: "A" Strongest "C" Weakest A ____ B ____ CC ____ C ____ S-broker ____ Seniors ____

PREFERRED NIGHT: 1st Choice _____ 2nd Choice _____ 3rd Choice _____ Can't Play _____

Leagues played in most recently:

Team Name _____ Where _____ Season/Yr _____ Div _____ Wins _____ Losses _____

Team Name _____ Where _____ Season/Yr _____ Div _____ Wins _____ Losses _____

How many other seasons have you played in the Newport Beach League? _____

List any other team names _____

YOU MUST COMPLETE ALL INFORMATION ABOVE

THE CHART BELOW IS FOR NEW BASKETBALL TEAMS ONLY

	UNI #	BASKETBALL PLAYER'S NAME	HEIGHT	AGE	EXPERIENCE IN YEARS		
					HIGH SCHOOL	JR. COLLEGE	COLLEGE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

APPLICATION WILL NOT BE ACCEPTED UNLESS COMPLETE. I VERIFY ALL THE ABOVE INFORMATION IS CORRECT. _____

Manager's Signature (required to process)

Date

PAYMENT INFORMATION

(PLEASE PRINT CLEARLY)

Please Circle: *Resident (Newport Beach)* **\$640** *Non-Resident* **\$690**

Checks made payable to "The City of Newport Beach" Check No. _____ **Only One Check Accepted**

Visa/MasterCard/American Express (circle one) Name on credit card _____

Card No. _____ Ex. Date _____

Signature: _____ Date: _____

2012

CITY OF NEWPORT BEACH
RECREATION & SENIOR SERVICES
PO BOX 1768, NEWPORT BEACH, CA 92658-8915
(949) 644-3151 Fax (949) 644-3155

Men's _____
Women's _____
COED _____
P.M.B.F. _____

RETURNING ADULT SPORTS TEAM APPLICATION

THIS FORM CAN ONLY BE USED AS A SUPPLEMENT TO A ROSTER THAT YOUR TEAM HAS SUBMITTED FOR A PREVIOUS SEASON IN THIS CALENDAR YEAR. ALL NEW PLAYER TRANSACTIONS MUST BE ENTERED ON THIS FORM

Basketball ☐ Softball ☐ Winter _____ Spring _____ Summer _____ Fall _____

TEAM NAME _____

MANAGER NAME _____ **E-MAIL:** _____ **PHONE:** _____

MANAGER ADDRESS _____ **CITY** _____ **ZIP** _____

DIVISION PREFERRED: ("B" strongest – "C" weakest) B _____ CC _____ C _____ S-broker _____

PREFERRED NIGHT: 1st choice _____ 2nd choice _____ 3rd choice _____ Can't Play _____

Leagues played in most recently:

Team Name _____ Where _____ Season/Yr _____ Div _____ Wins _____ Losses _____

List any other team names _____

RELEASE OF LIABILITY FORM

READ THIS FROM BEFORE SIGNING-IF YOU SIGN THIS FORM YOU ARE GIVING UP LEGAL RIGHTS

I am aware that my participation in this sports activity may result in personal injury or other damages to myself or others. I am voluntarily participating in this sports activity with the knowledge of the danger involved and hereby agree to accept full responsibility for any and all risk of injury. In consideration of your accepting this registration, I hereby agree to fully release, indemnify and hold harmless the City of Newport Beach, the Newport-Mesa Unified School District and their officers, agents or employees from any and all liability, damage(s) claim(s) or cause(s) of action for any injury or damages resulting from or in any way arising out of my participation in the above-referenced sports program even if the injury was caused in part by the negligence of the City or School District of their employees, or by the dangerous condition of any property where the sports activities are conducted. I have carefully read this form and fully understand its contents.

My signature below indicates my acceptance and understanding of this Release of Liability.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ (IT IS MANDATORY THAT ALL NEW PLAYERS BE ENTERED HERE.)

NAME (please print)	ADDRESS	CITY	Phone-Bus.	Phone-Res.	SIGNATURE
1					
2					
3					

NOTE: Do NOT Sign For Your Players.

Please print their names and addresses. Missing Signatures will be collected at first game. Roster changes must be made on the add/drop form. As manager of the _____ Team, I verify that all players have read the release of liability form, legally initialed and signed the form and that each signature is in fact the signature of the player. Only those individuals whose names and signature appear on this form will be permitted to participate. I represent that I am signing as an individual and as an agent of the sponsor. **I VERIFY ALL THE INFORMATION ABOVE IS CORRECT.**

Manager Signature: _____ **Date:** _____

Signature required to process team application

PAYMENT INFORMATION

Please Circle: *Resident (Newport Beach)* **\$640** *Non-Resident* **\$690**

Checks made payable to "The City of Newport Beach" Check No. _____ **Only One Check Accepted**

Visa/MasterCard/American Express (circle one) Name on Credit Card _____

Account # _____ Ex. Date _____ Signature _____